

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
**PSYCHIATRIC PROGRESS NOTES**

DATE: Target Symptoms	6/20/05	TIME: Behavioral Rating Scale 0=No problem S=worst	Today vs Before
No target sx's at this time.		N/A	
Medications:			
Compliance:	Inmate report	% vs MAR	Informed Consent
In addition to the information in the tables above and below, then inmate-patient:			

S	"I have no mental illness. The last time I even took any mental health medicine was some four years ago. I feel fine. I have no problems. I don't know why I am even seeing mental health for." Reports of sxs of mood, anxiety or thought, d/o. of thoughts to hurt		
Side effects:			
O	Denies of psychosis, OSI, PHI Denies of anxiety, PHA, Paranoid any Suicidal intent Denies or depression noted. Attempts in past		
Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	<input checked="" type="checkbox"/>		Denies of psychosis, OSI, PHI
Serious Depression	<input checked="" type="checkbox"/>		Denies of anxiety, PHA, Paranoid any Suicidal intent
Self-Injurious Thoughts	<input checked="" type="checkbox"/>		Denies or depression noted. Attempts in past
Suicidal intent	<input checked="" type="checkbox"/>		
Aggressive	<input checked="" type="checkbox"/>		
Seriously Impulsive	<input checked="" type="checkbox"/>		None noted / at present time.
Situational Upset	<input checked="" type="checkbox"/>		None noted / at present time.
Lab info:	None from mental health.		AIMS:
Labs Ordered:	Labs Reviewed:		

**ASSESSMENT/Diagnosis (DSM-IV)**

None / No psychiatric Dx at this time.

**PLAN:** I'm clinically stable. Exhibit of sxs or signs of mental illness at this time. Has not been on any psychotropic meds. since 2001. Doing well clinically. Will see him on PRN basis at this time. Will keep R/T C PRN Print Last Name: DR. BANNERjee Sign: Clemonice, M.D. patient

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
Whight Richard 18740			HIST	Ventress	Health care code as

Disposition: Medical File

Discussed & plan e. I'm. He understands and agrees to TX plan. Continue care, RTC PRN at this time. HIST at present time

ADOC AR 632, 633, 623, 615  
ADOC Form MH-025 March 2, 2005

INTERDISCIPLINARY PROGRESS NOTE

Page 2 of 40

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
WRIGHT, RICHARD	187 1C/0	46	SM	VCF

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
WRIGHT, RICHARD	18710	45	B/M	NCF

## INTE DISCIPLINARY PROGRESS NOT

SIGNATURE

TIME

NOTES

5: "I feel stressed!"

4: Inmate discussed recent problems he's had w/ security and related stress. MHP + IM reviewed deep muscle relaxation + deep breathing to reduce stress. Inmate also discussed problems related to security + MHP referred him back to ADoc as MHP has no influence regarding security issues.

A: Stable, clear articulation  
P: MHP to refer to ADoc

Psych staff an inmate is coded history

B: Fellms

01/03/05

(3) Denies any MH needs/concerns

seen in rounds (1) Positive, appropriate

(A) Ⓛ MH needs

(1) Ⓛ Related to availability of MH services in PRR

12/27/04

No major difficulty reported. No Major Signs of distress observed. He is a "Coded" history. He will be monitored by the DOC Mental Health team.

J Jones/M Hayes

Patient's Name, (Last, First, Middle)

AIS#

Age

R/S

Facility

B

DOC F

## INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
3/26/04		TX team Seen for initial Cod HX Code - Liver down hall - AEEC	
6/21/04		Note: Outpatient Review, S reported that he is making a good adjustment to BCF. At the time of the interview, he was not psychotic, anxious or depressed. His mental health code is history. He will continue to be monitored every ninety days.	Zick Perry/Mike Hayes
11/08/04		(seen aft mtl referral from medical nurse - pt is seq sent)	
		(S) Pt denies any MH concerns at this time. Mtl ends D 30 months. Admits to px c finger. OSF OTI	
		(P) Stable, also	
		(A) hx code	
		(P) Continue to monitor in seq - offered MH services if needed	MH by comp
11/23/04		Mental Health Disciplinary Zick Perry/Mike Hayes	
11/30/04	1040	(S) Denies any MH concerns Requests seen in seq phone call him (P) Stable, asymptomatic (A) stable	
		(P) drink mild effects	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright, Richard	187140		3m	BCOF

**SIGNATURE**

DATE	TIME	NOTES	SIGNATURE
		<p>Inmate reports he wants to go to Staton to be closer to family. At present he taking classes in chapel &amp; english class. YMNP will speak w/ Mrs. Deals about the above. Later, I spoke with Mrs. Deals about the above. She pulled his card he had requested to go to Babb or Fostering. But now he want to go to Staton, classification will put in for transfer doing his service in Sept.</p> <p>D - polite, coherent, oriented to place &amp; time.</p> <p>A - appear stable</p> <p>P - continue to monitor. Monthly contact. —</p>	Burris - Jadt MS MNS
15 Apr 04		Treatment Coordinator Notes — Rec request from inmate regarding YMNP hold. Explain to him the above and inform him if nothing happen to send me another request to follow T. —	Burris - Jadt YMNP
16 Apr 04 2:55		Treatment Coordinator Notes — Output YMNP forward this inmates name to treatment team to address YMNP hold. Monday 19 Apr 04 they will meet. —	Burris - Jadt MDM

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright, Richard	187140	43	m	BOCT

## INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
JUNE 26/01		Sign-off No meds x months AMS = 0 Normal mentum	KLMM
8/18/03		S: Pt comes to discuss angry feelings toward Dave Russell the incident which he considers unfair. & request methods & choices as to how to deal w/ them. O: Coherent - Bothered but not overly irritable no paranoid fears now Massachusetts & angry A: Impulse Control disorders P: Offs meds - refused - leaves door open	
			Jeff Shap
12 April 1:40		Treatment Coordinator Notes: S- MNP rec request slip hand delivered to me by Capt. Nettles. Inmate is concern about a YMA hold. Inmate has not been on medication since 2003. Inmate reported that his classification stated he can't to have YMA hold.	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright, Richard	187140		B/M	BCCF

**ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS**

Inmate Name: Richard Wright AIS#: Bm/187140

Institution: BCCF Date of Disciplinary Report: Nov. 3, 2004

#31 Assault on another inmate

Is the inmate currently on the mental health caseload?

Yes

No

If Yes, referred for mental health evaluation/consultation on: November 8, 2004

Mental Health Outpatient

**HEARING OFFICER:**

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is?  
Is the inmate appropriately dressed?  
Does the inmate make sense?

Does the inmate know what date it is?  
Is inmate able to speak coherently?  
Are the inmate's statements logical and organized or unusual?

Should the inmate be referred for mental health evaluation of competency? Yes No

-- If Yes, referred for mental health evaluation/consultation on: \_\_\_\_\_

**MENTAL HEALTH STAFF:**

Date request for consult received: 11-9-04

Date consult returned: 11-9-04

Is the inmate competent to participate in the hearing?  
If NO, why is the inmate not competent?

Yes

No

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge?  
If YES, briefly describe the issues:

Yes

No

Are there mental health issues to be considered regarding disposition if the inmate is found guilty?  
If YES, briefly describe the issues and possible relation to the disposition:

Yes

No

Does mental health staff want to be present at the disciplinary hearing to provide input?

Yes

No

Mental Health Staff Member: Mrs. Hayes Phone Contact: 132

**DISCIPLINARY HEARING:**

Does the inmate appear to be competent to participate in the hearing?  
Have the mental health recommendations been considered?

Yes No  
Yes No

Hearing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate Name	AIS #
-------------	-------

ALDOC Form 466-01

5 of 5

AR 466 - December 11, 2001

I was reviewed in the MH staff meeting and interviewed by me in the seg. unit. His thinking was clear. He was oriented in all spheres. He was able to explain his side of the incident. He can go to disciplinary court.

hsl: MTHM

Clerk: Mrs. Penn

Mrs. Hayes 4/1

PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: W.R. GOTT, RICHARD AIS #: 187140 R/S: SM  
 Date: 5/22/96 DOB: 8/15/67 AGE: 28  
 Beta II: 96 WAIS: 1/1 WRAT-RL: 7.2 Last School: 12  
 MMPI Welsh Code: 4487653920-1: Megaree Type: F-L/K:

General Appearance

- a. Neat and generally appropriate (N & P)  c. Flat or avoiding interaction  
 b. Poorly groomed  d. Sad or worried  
 e. Other EYES OFF CENTER)

I. Interpersonal Functioning

- a. Normal-good relationships likely  d. Lacks skill or confidence  
 b. Withdrawn / apparent loner  e. Probably difficult to get along with  
 c. Likely to ignore rights / needs \*Other (Specify)  1.  2.  
 3.  4.  5.  6. (See Copy)

II. Personality

- a. Healthy VA  d. Explosive  
 b. Antisocial  e. Dependent  
 c. Paranoid  f. Passive-Aggressive

Other (Specify):  1. Schizoid  2. Schizotypal  3. Histrionic  4. Narcissistic

5. Borderline  6. Avoidant  7. Compulsive  8. Atypical/mixed

9. See Copy (Write in your wording)

III. Substance Abuse

a. Alcohol addiction / abuse history ADMITTED TO EXCESSIVE USE W/ ONSET OF MARITAL PROBLEMS IN 1993.

b. Drug addiction / abuse history

N-259

White to Central Records File  
 Yellow to Institutional File  
 Pink to Hospital Records

\*See manual for selections and numbers for "other"

c. Current use \_\_\_\_\_  
\_\_\_\_\_  
  
 d. Current addiction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Other  1.  2.  3.  4.  5.  6.  7.  8.  
 9. (See Copy) \_\_\_\_\_  
\_\_\_\_\_

IV. Emotional Status

a. No significant problems \_\_\_\_\_  
 b. Depressed *Depressed* \_\_\_\_\_  
\_\_\_\_\_  
 c. Anxious or stressful \_\_\_\_\_  
\_\_\_\_\_  
 d. Angry or resentful \_\_\_\_\_  
\_\_\_\_\_  
 e. Confusion or psychotic symptoms *None* \_\_\_\_\_  
\_\_\_\_\_  
 f. Mood disturbances \_\_\_\_\_  
\_\_\_\_\_  
 g. Sexual maladjustment \_\_\_\_\_  
\_\_\_\_\_  
 h. Paranoid ideation *Reactive!* \_\_\_\_\_  
\_\_\_\_\_  
 i. Sleep / appetite disorder \_\_\_\_\_  
\_\_\_\_\_

\*Other  1.  2.  3.  4.  5.  6.  7.  8.  
 9. (See Copy) *Panic and hypochondriasis* \_\_\_\_\_  
\_\_\_\_\_

V. Mental Deficiency

a. Mild \_\_\_\_\_  d. Borderline \_\_\_\_\_  
 b. Moderate \_\_\_\_\_  e. Organic impairment suspected \_\_\_\_\_  
 c. Severe \_\_\_\_\_  f. Memory deficit \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VI. Management Problems

Ideation \_\_\_\_\_

 a. Suicide potential Plans \_\_\_\_\_

History of attempts / gestures \_\_\_\_\_

 b. Serious mental history (specify) \_\_\_\_\_ c. Impulsive / acting-out behaviors predicted \_\_\_\_\_ d. Authority conflict \_\_\_\_\_ e. Manipulative / untrustworthy \_\_\_\_\_ f. Easily victimized \_\_\_\_\_ g. Escape potential \_\_\_\_\_ h. Assaultiveness \_\_\_\_\_\*Other  1.  2.  3.  4.  5.  6.  7.  8.  9. (See Copy)  
*Bullying / w/ Victim Injury / Assault*

## VII. Educational Needs

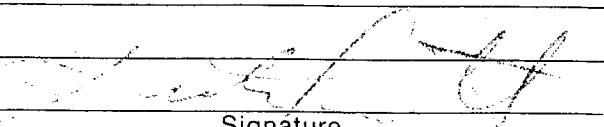
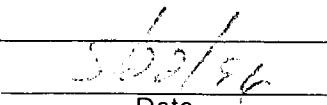
 a. ABE       b. Special Education       c. Trade School       d. Jr. College

## VIII. Mental Health Needs

Date referred Month \_\_\_\_\_ Year \_\_\_\_\_

 A. Refer to psychiatric service     C. Depression     K. Personal Development B. Substance abuse counseling     E. Sexual adjustment D. Stress management     G. Anger induced acting out F. Reality therapy     I. Self-concept enhancement H. Values clarification     J. Healthy use of leisure

## RECOMMENDATIONS / REMARKS:

*Med. Custody at P.C.*  
Signature  
Date  
3/22/06

APPENDIX - 2: MURKIN'S INTERROGATORIAL STATEMENT

dictated by

Wesley L. Greene, Ph.D.  
Robert C. Brown, Psy.D., Ph.D.  
and PAR Staff

... CLIENT INFORMATION ...

Client:	Mark R. Lightfoot	Age:	28
Sex:	Male	Marital Status:	Single
Education:		Date of Birth:	08/15/58
Pile Name:	187140		

Prepared for: DEPARTMENT OF CORRECTIONS ON 05/22/06

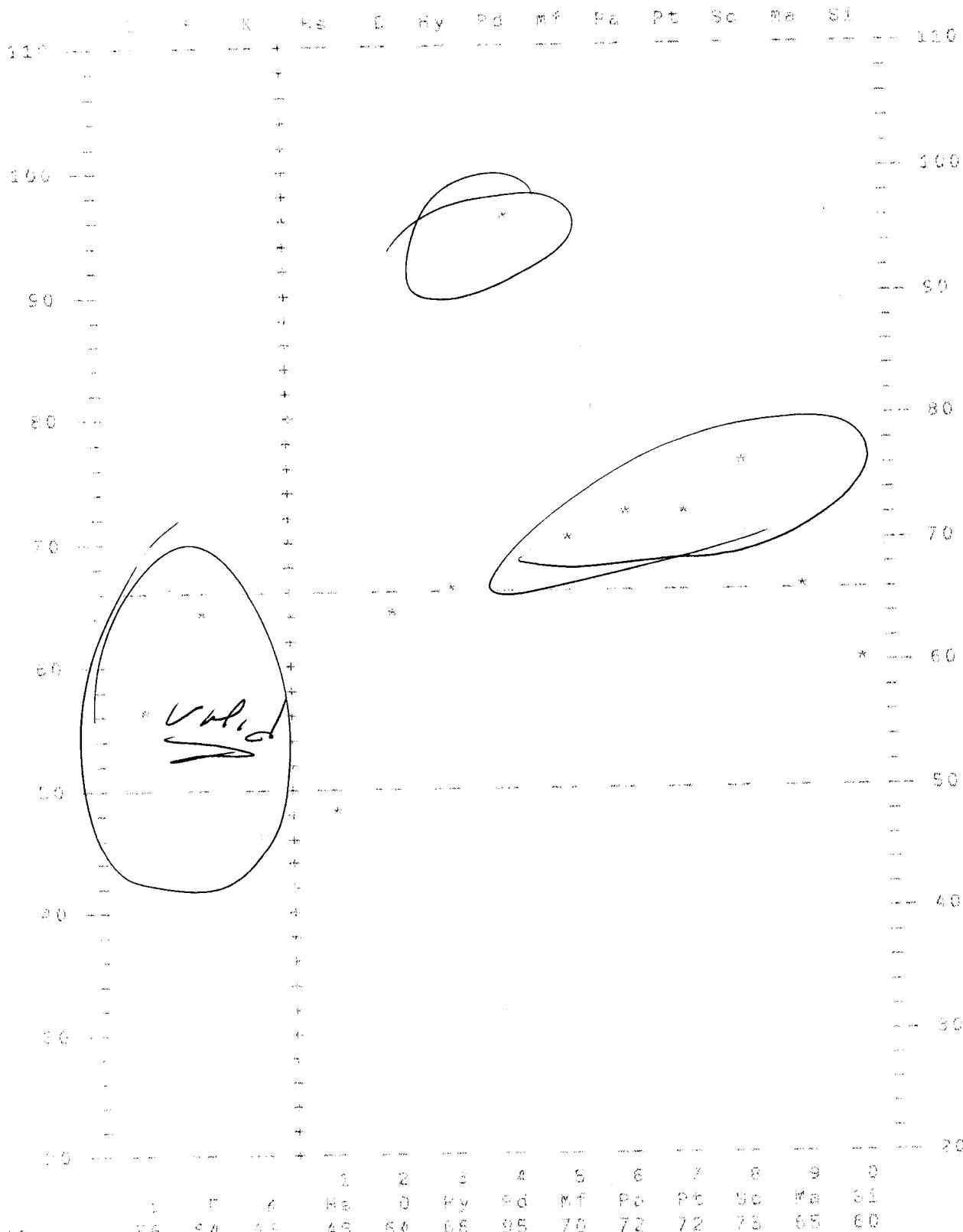
... SECURITY INFORMATION ...

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in making professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual.

## INTERPRETIVE REPORT

NEW YORK DEPARTMENT OF CORRECTIONS

## MMPI-2 PROFILE FOR VALIDITY AND CLINICAL SCALES



Interpreted (P) 100% N = 0

Right Reader: 400783820-15-11/11

PSYCHOLOGICAL INTERPRETIVE REPORT  
INTERPRETED FOR: DEPARTMENT OF CORRECTIONS

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## -- PROFILE MATCHES AND SCORES --

	Client Scale Profile	Highest Scale Codetype	Best Fit Codetype
Codetype match:		A-8/8-4	None
Coefficient of fit:		.81	
Scores:	% (raw)	0	
L	56	51	
F	64	65	
K	45	45	
Ne (1)	43	63	
O (2)	64	66	
Hy (3)	66	60	
Pd (4)	95	83	
Mf (5)	70	51	
Pa (6)	72	69	
Pt (7)	72	69	
Sc (8)	75	62	
Na (9)	65	63	
Si (0)	60	59	
Mean Clinical Elevations:		69	69
Ave age-males:		28	
Ave age-females:		27	
% of male codetypes:		2.8%	
% of female codetypes:		3.0%	
% of males within codetype:		66.2%	
% of females within codetype:		33.8%	

Configural clinical scale interpretation is provided in the report for the following codetype(s):

A-8/8-4

INTERPRETIVE REPORT  
NEW YORK STATE DEPARTMENT OF CORRECTIONS

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## -- CONFIGURAL VALIDITY SCALE INTERPRETATION --

There is no information available for this configuration of scores for scales L, F, and K. Interpretation for each of the individual validity scales is presented below.

## -- VALIDITY SCALES --

## L (Lack) = 0

Scores in this range reflect a relatively small number of unanswered items, which in and of itself should not have an impact on the validity of the profile.

## F (Fake) = 86

L scores in this range are usually obtained by individuals who generally respond frankly and openly to the test items and are willing to admit to minor faults.

## K (Knowledge) = 60

F scores in this range are considered to be moderately elevated and suggest the possibility of significant psychological and emotional problems. Individuals who obtain scores in this range are likely to be described as moody, changeable, dissatisfied, opinionated, restless, unstable, and self-critical.

## R (Reactive) = 43

Scores in this range are typically obtained by individuals who exhibit an appropriate balance between self-disclosure and self-presentation. These individuals usually are psychologically well-adjusted and capable of dealing with problems in their daily lives. Scores in this range are also indicative of good ego strength, sufficient personal resources to deal with problems, a positive self-image, adaptability, and a wide range of interests. Prognosis for psychological intervention is generally good.

**INTERPRETATIVE REPORT  
ISSUED FROM DEPARTMENT OF CORRECTIONS**

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**-- CONFIGURAL CLINICAL SCALE INTERPRETATION --**

**Psychotic Endotype**

**Clinical Presentation:**

It is important that measures of consistency and accuracy of item endorsement as well as other validity scales are within acceptable ranges. This endotype can result easily from either inconsistent or inaccurate patterns of item endorsement.

These individuals are often perceived by others as rather odd, peculiar, and unusual, both in terms of their thinking and behavior. This pattern may be a very long-term, characterologic condition or represent the onset of a psychotic process. Problems in logic and thinking should be ruled out. They exhibit poor judgment and are often unpredictable and impulsive. They are emotionally distant and have difficulty with close, emotional relationships.

These individuals see the world as dangerous and other people as rejecting and unreliable. They often feel resentful and angry, but have difficulty controlling or expressing their anger appropriately. They are resentful of authority and control and are often suspicious of the motives of others. They are manipulative and accept very little responsibility for their own problems and behavior. When crimes are committed by these individuals, they are often poorly planned and executed and may involve bizarre or violent behavior. Sexual deviation and promiscuity are possible.

These individuals are chronically maladjusted. Suicide attempts and substance abuse are quite frequent. In response to stress, these individuals are likely to either withdraw completely or act out their angry impulses. These individuals have a very high need for affection and attention. Their tendency to feel rejected by others often leads to hostility and conflict, which only exacerbates their feelings of being alienated from others.

The self-concept of these individuals is frequently very poor. They are likely to feel insecure, isolated, rejected, and unwanted. They are threatened by a world which they view as hostile and dangerous.

The interpersonal relationships of these individuals are often marked by conflict, distress, defensiveness, a lack of empathy, and a strong tendency to be manipulative. These individuals often lack basic social skills and tend to be socially withdrawn and isolated. They see their family as uncaring and critical. They view their home life as being unpleasant.

INTERPRETIVE REPORT  
CALIFORNIA DEPARTMENT OF CORRECTIONS

resistant to psychological interpretations and treatment, and any form of psychological intervention will be difficult. These individuals often look for simplistic, concrete solutions to their problems -- solutions that do not require self-examination. Individuals who obtain elevated scores on this scale are unlikely to be seen as psychotic.

Fa (4) T = 25

Scores in this range are typically obtained by individuals who are characterized as angry, belligerent, rebellious, resentful of rules and regulations, and hostile toward authority figures. These individuals are likely to be impulsive, unreliable, eccentric, and irresponsible. They often have little regard for social standards. They often show poor judgment and seem to have difficulty planning ahead and benefiting from their previous experiences. They make good first impressions but long term relationships tend to be rather superficial and unsatisfying. Analysis of the Content Scales and/or the Harris-Lingoes Subscales may facilitate interpretation of scores within this range.

Mt (5) T = 20

Scores in this range are typical for males described as passive, inner-directed, and having aesthetic and artistic interests. They generally do not identify with the traditional masculine role.

Fa (6) T = 72

Scores in this range are frequently obtained by 1) individuals who are suspicious, hostile, and feel as if they are being mistreated, or by 2) individuals who are hypersensitive to the reactions of others. The Dominance (Dc) Scale is helpful in distinguishing between these groups of individuals -- high Dc scores indicating the first group and low Dc scores indicating the second group. Individuals in both groups will often blame others for their difficulties. The first group of individuals may manifest psychotic behavior and a thought disorder may be readily apparent. Ideas of reference and delusions of persecution also may be present.

Ft (7) T = 77

Scores in this range are typically obtained by individuals who are worried, anxious, tense, and experiencing emotional discomfort. They may experience irrational fears and typically complain about their problems. Disabling guilty feelings may be evident. Agitation may develop. These individuals worry excessively and may have problems in concentration. Obsessions and compulsions are common.

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MAILED FAX: DEPARTMENT OF CORRECTIONS

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Sc (8) T = 75

Scores in this range are suggestive of baseline psychopathology including confused thinking, distorted perceptions and other psychotic processes, difficulties in focus and concentration, impaired judgment, and the presence of a thought disorder should be evaluated. Because the measures of consistency and integrity of item administration are reliable, acceptance ranges

Me (9) T = 65

Scores in this range typically are obtained by individuals who are described as overactive, have difficulties in concentrating and attending, and find it difficult to relax. They often are quite creative people who start many projects but find it difficult to see them through to completion. As the elevation on this scale increases, there is the increasing probability that the individual is likely to be seen as emotionally labile, impulsive, experiencing flight of ideas, restless, and exhibiting manic features. They may also exhibit maladaptive hyperactivity, grandiosity, verbosity, irritability, unpredictability, and insufficient inhibitory capacities.

Si (9) T = 60

Scores in this range usually are obtained by individuals who prefer to be alone or with a small group of friends. They are likely to be received in new social situations.

## -- ADDITIONAL SCALES --

No additional scales were selected for interpretation by the user.

END OF REPORT  
KATHY BREWER

N610

## ALABAMA DEPARTMENT OF CORRECTIONS

***RECEIVING SCREENING FORM***Inmate's Name: Wright, RichardDate: 3/4/05Time: 1:15 PMDOB: 8/15/67 Officer: JBInstitution: VCFReceiving Officer's Visual Opinion

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Is the inmate conscious?   | /          | —         |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?                       | —          | /         |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?                         | —          | /         |
| 4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution?       | —          | /         |
| 5. Is the skin in poor condition or show signs of vermin or rashes?   | —          | /         |
| 6. Does the inmate appear to be under the influence of alcohol or drugs?  | —          | /         |
| 7. Are there any visible signs of alcohol or drug withdrawal? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)           | —          | /         |
| 8. Is the inmate making any verbal threats to staff or other inmates?   | —          | —         |
| 9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available? | —          | /         |
| 10. Does the inmate have any obvious physical handicaps?  | —          | —         |

*If the answer is YES to any questions from 2-10 above, specify WHY in section below.*

- |   |   |   |
|---|---|---|
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? | — | / |
| 12. Are you on any special diet prescribed by a physician? (if YES, what type?)   | — | / |
| 13. Do you have a history of venereal disease or abnormal discharge?  | — | / |
| 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness?   | — | / |
| 15. Have you ever attempted suicide?  | — | / |

(If YES, When? \_\_\_\_\_ How? \_\_\_\_\_)

- |   |   |   |
|---|---|---|
| 16. Do you want to do any harm to yourself now? | — | / |
|---|---|---|

Bullock Co. Corrections  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright  
 VIOLATION OR REASON: 31 Assault on another inmate  
 DATE & TIME RECEIVED: 21-3-02 @ 12:00 pm  
 PERTINENT INFORMATION:

AIS NO. B187120 CELL: # 197  
 ADMITTANCE AUTHORIZED BY: Lt. Baker  
 DATE & TIME RELEASED:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		MORN	DAY	EVE					
7/7/05	MORN	Y	N	N	N	S. Anding	N	O med	R. Johnson, COI
	DAY	Y	N	N	N	K. King	N	O med	C. Smart, COI
	EVE	Y	N	N	N	G. Baker	N	O med	D. Baker, COI
MON	MORN	Y	N	N	N	S. Anding	N	O med	R. Johnson, COI
	DAY	Y	N	N	N	S. Anding	N	O med	C. Smart, COI
	EVE	Y	N	N	N	G. Baker	N	O med	D. Baker, COI
TUE	MORN	Y	N	N	N	S. Anding	N	O med	R. Johnson, COI
	DAY	Y	N	N	N	K. King	N	O med	C. Smart, COI
	EVE	Y	N	N	N	G. Baker	N	O med	D. Baker, COI
WED	MORN	Y	N	N	N	S. Anding	N	O med	R. Johnson, COI
	DAY	Y	N	N	N	K. King	N	med gear	C. Smart, COI
	EVE	Y	N	N	N	G. Baker	N	med gear	D. Baker, COI
THUR	MORN	Y	N	N	N	S. Anding	N	O med	R. Johnson, COI
	DAY	Y	N	N	N	K. King	N	O med	C. Smart, COI
	EVE	Y	N	N	N	G. Baker	N	O med	D. Baker, COI
FRI	MORN	Y	N	N	N	S. Anding	N	O med	R. Johnson, COI
	DAY	Y	N	N	N	K. King	N	O med	C. Smart, COI
	EVE	Y	N	N	N	G. Baker	N	O med	D. Baker, COI
SAT	MORN	N	N	N	N	S. Anding	N	O med	R. Johnson, COI
	DAY	N	N	N	N	K. King	N	O med	C. Smart, COI
	EVE	N	N	N	N	G. Baker	N	O med	D. Baker, COI
SUN	MORN	N	N	N	N	S. Anding	N	O med	R. Johnson, COI
	DAY	N	N	N	N	K. King	N	O med	C. Smart, COI
	EVE	N	N	N	N	G. Baker	N	O med	D. Baker, COI
15	MORN	N	N	N	N	S. Anding	N	O med	R. Johnson, COI
	DAY	N	N	N	N	K. King	N	O med	C. Smart, COI
	EVE	N	N	N	N	G. Baker	N	O med	D. Baker, COI

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.  
 Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
 and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

REGT  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright SERIAL NO: B187140 CELL: 19 T  
 VIOLATION #51 ADMITTANCE  
 OR REASON: assault on another inmate AUTHORIZED BY: Lt. Balvers  
 DATE & TIME  
 RECEIVED: 11/3/05 DATE & TIME  
 PERTINENT RELEASED:  
 INFORMATION:

DATE	SHIFT	MEALS	B	I	D	S	SH	EXERCISE	MEDICAL	VISIT	PSYCH	VISIT	COMMENTS*	OIC SIGNATURE
<u>2/2/05</u>	MORN	<u>m</u>						<u>m</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>M. Fitzpatrick, COI</u>
	DAY	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>Hall, COI</u>
	EVE		<u>y</u>					<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>J. Johnson, COI</u>
<u>mon.</u>	MORN	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>M. Fitzpatrick, COI</u>
<u>2/2/05</u>	DAY	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>B. Holmes, COI</u>
	EVE	<u>y</u>	<u>y</u>					<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>G. Hall, COI</u>
<u>2/3/05</u>	MORN	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>C. Holmes, COI</u>
	DAY	<u>y</u>	<u>y</u>					<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>B. Holmes, COI</u>
	EVE	<u>y</u>	<u>y</u>					<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>J. Johnson, COI</u>
<u>Wed</u>	MORN	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>M. Fitzpatrick, COI</u>
<u>2/4/05</u>	DAY	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>G. Hall, COI</u>
	EVE	<u>y</u>	<u>y</u>					<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>J. Johnson, COI</u>
<u>Thur.</u>	MORN	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>M. Fitzpatrick, COI</u>
<u>2/5/05</u>	DAY	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>G. Hall, COI</u>
	EVE	<u>y</u>	<u>y</u>					<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>J. Johnson, COI</u>
<u>Fri.</u>	MORN	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>H. Johnson, COI</u>
<u>2/6/05</u>	DAY	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>G. Hall, COI</u>
	EVE	<u>y</u>	<u>y</u>					<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>o med</u>	<u>C. Holmes, COI</u>
<u>Sat</u>	MORN	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>Med gives</u>	<u>C. Young, COI</u>
<u>2/7/05</u>	DAY	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>Med gives</u>	<u>G. Hall, COI</u>
	EVE	<u>y</u>	<u>y</u>					<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>Med gives</u>	<u>J. Johnson, COI</u>
<u>Sun</u>	MORN	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>Med gives</u>	<u>E. Williams, COI</u>
	DAY	<u>y</u>						<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>Med gives</u>	<u>G. Hall, COI</u>
	EVE	<u>y</u>	<u>y</u>					<u>N</u>	<u>Refused</u>	<u>Shower</u>	<u>N</u>	<u>N</u>	<u>Med gives</u>	<u>Ryan, COI</u>

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.  
 Meals/ SH: Shower - Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional  
 comments and include date, signature, and title.

OIC Signature; OIC must sign all record sheets each shift.



## SPECIAL NEEDS COMMUNICATION FORM

Date: 2/1/05

To: Inmate

From: Medical

Inmate Name: Wright Richard ID#: 18714D

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

Comments:

Benzoyl Peroxide X20 days  
Expired 3/17/05

Date: 2/1/05 MD Signature: Dr. Siddiq R. Bobleg Time: 2100

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Richard WrightVIOLATION #<sup>31</sup>OR REASON: Assault On Another InmateDATE & TIME RECEIVED: 11/3/04 10:40 P.M.

PERTINENT INFORMATION:

AIS NO: B187140 CELL: # 19 TADMITTANCE AUTHORIZED BY: L. Babers

DATE &amp; TIME RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2-14-05	MORN	Y		N	N	Regan	Regan	N	O med	H. Johnson, COI
	DAY	Y		N	Refused	Refused	Refused	N	Refused	E. Parker, CO
	EVE	Y		N	N	Regan	Regan	N	Refused	J. Pennington, COI
<b>MON</b>										
2-15-05	MORN	Y		N	N	Regan	Regan	N	O med	B. Hartman, COI
	DAY	Y		N	N	Regan	Regan	N	Refused oral	G. Miller, COI
	EVE	Y		N	N	Regan	Regan	N	Refused med	K. Morris, COI
<b>TUE</b>										
2-16-05	MORN	Y		N	N	Regan	Regan	N	O med	C. Young, COI
	DAY	Y	X	N	N	Regan	Regan	N	Refused	J. Hall, COI
	EVE	Y	ND	ND	ND	Regan	Regan	ND	meds given	A. Scott, COI
<b>WED</b>										
2-17-05	MORN	Y		R	R	Regan	Regan	Y	O med	J. Johnson, COI
	DAY	Y		R	R	Regan	Regan	Y	Refused	J. Miller, COI
	EVE	Y		N	N	Regan	Regan	N	O med	J. Johnson, COI
<b>THUR</b>										
2-18-05	MORN	Y		R	R	Regan	Regan	N	O med	H. Johnson, COI
	DAY	Y		R	R	Regan	Regan	N	Refused	J. Hall, COI
	EVE	Y		N	N	Regan	Regan	N	Refused	J. Johnson, COI
<b>FRI</b>										
2-19-05	MORN	N		N	N	Regan	Regan	N	O med	C. Young, COI
	DAY	Y	Y	N	N	Regan	Regan	N	Refused	J. Hall, COI
	EVE	Y	Y	N	N	Regan	Regan	N	Refused	J. Johnson, COI
<b>SAT</b>										
2-20-05	MORN	N		N	N	Regan	Regan	N	O med	H. Johnson, COI
	DAY	Y		R	R	Regan	Regan	N	Refused	J. Miller, COI
	EVE	Y		ND	ND	Regan	Regan	N	Refused	J. Johnson, COI
<b>SUN</b>										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.  
 Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
 and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Bullock Co. Corrections

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

INMATE NAME: Richard Whitham  
 VIOLATION OR REASON: ASSAULTION Another Inmate  
 DATE & TIME RECEIVED: 2/1/05 at 10:10 pm  
 PERTINENT INFORMATION:

AIS NO: B187148 CELL: # 191  
 ADMITTANCE AUTHORIZED BY: H. Roberts  
 DATE & TIME RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
<u>2/1/05</u>	MORN	Y	N	N	N	N	Althen	N	Refused Meds	<u>R. Ellis, COI</u>
	DAY	Y	N	N	N	N	Kerry	C	Refused in tank	<u>R. Hall, COI</u>
	EVE	Y	N	N	N	N	Cleath	N	Ref. tylenol	<u>R. Dugay, COI</u>
<u>MON</u>										
<u>2/1/05</u>	MORN	Y	N	N	N	N	Althen	N	Deeds gave	<u>M. Fitzpatrick, COI</u>
	DAY	Y	N	N	N	N	Watson	N	Refused	<u>G. Hall, COI</u>
	EVE	Y	N	N	N	N	Cleath	N	2 med's	<u>L. Chouteau, COI</u>
<u>TUE</u>										
<u>2/2/05</u>	MORN	Y	N	N	N	N	Althen	N	Refused	<u>M. Fitzpatrick, COI</u>
	DAY	Y	N	N	N	N	Dolan	N	Separated Meds	<u>G. Hall, COI</u>
	EVE	Y	N	N	N	N	McGee	N	Refused	<u>R. Dugay, COI</u>
<u>WED</u>										
<u>2/3/05</u>	MORN	Y	N	N	N	N	Althen	N	med give	<u>H. Johnson, COI</u>
	DAY	Y	N	N	N	N	Watson	N	Refused	<u>G. Hall, COI</u>
	EVE	Y	N	N	N	N	Stevens	N	Sox med.	<u>R. Dugay, COI</u>
<u>THUR</u>										
<u>2/4/05</u>	MORN	Y	N	N	N	N	Althen	N	Deeds gave	<u>H. Johnson, COI</u>
	DAY	Y	N	N	N	N	Watson	N	Comeds	<u>G. Hall, COI</u>
	EVE	Y	N	N	N	N	McGee	N	Ref med's	<u>R. Dugay, COI</u>
<u>FRI</u>										
<u>2/5/05</u>	MORN	N	N	N	N	N	Watson	N	med give	<u>E. Williams, COI</u>
	DAY	Y	N	N	N	N	Watson	N	2 med's	<u>G. Hall, COI</u>
	EVE	Y	N	N	N	N	Watson	N	14 pts	<u>R. Dugay, COI</u>
<u>SAT</u>										
<u>2/6/05</u>	MORN	Y	N	N	N	N	Zindrop	N	2 med's	<u>G. Hall, COI</u>
	DAY	Y	N	N	N	N	Zindrop	N	Ref	<u>G. Hall, COI</u>
	EVE	Y	N	N	N	N	Zindrop	N	Ref. Meds	<u>R. Dugay, COI</u>
<u>SUN</u>										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Bullock Co. Corrections

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

INMATE NAME:

Richard Wright

AIS NO.

CELL: #

157

VIOLATION OR REASON:

31 assault one other inmate

ADMITTANCE

AUTHORIZED BY:

J. S. Barnes

DATE &amp; TIME RECEIVED:

11-3-04 @ 10:30

DATE &amp; TIME RELEASED:

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/24/04	MORN	Y			N	Refused	Refused	N	Refused med	R. Johnson, COI
	DAY	Y	Y	N	Refused	Refused	Refused	N	Refused med	R. Johnson, COI
	EVE	Y	Y	N	Refused	Refused	Refused	N	Refused med	R. Johnson, COI
MON	MORN	Y	N	N	N	Refused	Refused	N	Refused med	R. Johnson, COI
11/25	DAY	Y	Y	N	Refused	Refused	Refused	N	Refused med	R. Johnson, COI
	EVE	Y	Y	Y	NC	Refused	Refused	N	Refused med	R. Johnson, COI
TUE	MORN	Y	Y	N	N	Refused	Refused	N	Med Spec	R. Johnson, COI
11/26	DAY	Y	Y	N	Refused	Refused	Refused	N	Med Spec	R. Johnson, COI
	EVE	Y	Y	Y	NC	Refused	Refused	N	Refused med	R. Johnson, COI
WED	MORN	Y		N	N	Refused	Refused	N	Refused med	R. Johnson, COI
11/27	DAY	N		N	N	Refused	Refused	N	Med Spec	R. Johnson, COI
	EVE	Y	Y	N	Refused	Refused	Refused	N	Refused med	R. Johnson, COI
THUR	MORN	Y	Y	N	N	Refused	Refused	N	Refused med	R. Johnson, COI
11/28	DAY	Y	Y	N	CANCELLED	Refused	Refused	N	Refused med	R. Johnson, COI
	EVE	Y	Y	N	Refused	Refused	Refused	N	Refused med	R. Johnson, COI
FRI	MORN	N		N	N	Refused	Refused	N	Refused med	R. Johnson, COI
11/29	DAY	N	Y	N	N	Refused	Refused	N	Refused med	R. Johnson, COI
	EVE	Y	Y	N	Refused	Refused	Refused	N	Refused med	R. Johnson, COI
SAT	MORN	N		N	N	Refused	Refused	N	Refused med	R. Johnson, COI
11/30	DAY	Y	Y	N	Refused	Refused	Refused	N	Refused med	R. Johnson, COI
	EVE	Y	Y	N	5 Stayed	5 Stayed	5 Stayed	N	Refused med	R. Johnson, COI
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright  
 VIOLATION #: 3  
 OR REASON: Assault on Another Inmate  
 DATE & TIME RECEIVED: 11/30/04 10:40 PM.  
 PERTINENT INFORMATION:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		MORN	DAY	NIGHT					
1/10	MORN	N	N	N	N	X	N	o meals	Johns, COI
	DAY	N	N	N	N	N	N	o meals	Johns, COI
	EVE	N	N	N	N	N	N	o meals	Johns, COI
MON	MORN	Y	N	N	Refused	Therapy	N	o meals	B. Holmes, COI
	DAY	N	Y	N	Refused	Therapy	N	o meals	B. Holmes, COI
	EVE	N	Y	N	Refused	Therapy	N	o meals	B. Holmes, COI
TUE	MORN	Y	N	N	Refused	Therapy	N	o meals	C. Hause, COI
	DAY	N	Y	N	Refused	Therapy	N	o meals	C. Hause, COI
	EVE	N	Y	N	Refused	Therapy	N	o meals	C. Hause, COI
WED	MORN	Y	N	N	Refused	Therapy	N	o meals	D. O'Dell, COI
	DAY	N	Y	N	Refused	Therapy	N	o meals	D. O'Dell, COI
	EVE	N	Y	N	Refused	Therapy	N	o meals	D. O'Dell, COI
THUR	MORN	Y	N	N	Refused	Therapy	N	o meals	J. Miller, COI
	DAY	N	Y	N	Refused	Therapy	N	o meals	J. Miller, COI
	EVE	N	Y	N	Refused	Therapy	N	o meals	J. Miller, COI
FRI	MORN	Y	N	N	Refused	Therapy	N	o meals	E. Johnson, COI
	DAY	N	Y	N	Refused	Therapy	N	o meals	E. Johnson, COI
	EVE	N	Y	N	Refused	Therapy	N	o meals	E. Johnson, COI
SAT	MORN	Y	N	N	Refused	Therapy	N	o meals	G. Lewis, COI
	DAY	N	Y	N	Refused	Therapy	N	o meals	G. Lewis, COI
	EVE	N	Y	N	Refused	Therapy	N	o meals	G. Lewis, COI
SUN									Lynne, COI

Bullock Co. Corrections

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

INMATE NAME:

VIOLATION # 31 Assault on Another Inmate  
OR REASON:

DATE &amp; TIME

RECEIVED: 11/3/04 @ 1040p

PERTINENT INFORMATION:

AIS NO.

CELL: #

ADMITTANCE

AUTHORIZED BY:

DATE &amp; TIME

RELEASED:

DATE	SHIFT	MEALS			MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S				
11/17	MORN	N			Plagler	N	O med	J. Johnson, COI
	DAY	Y		N	Km	N	O med/s	J. Johnson, COI
	EVE		Y	N	Gofka	N	O med	T. Goff, COI
MON	MORN	Y		N	mgmt	N	Omeds	M. Fitzpatrick, COI
	DAY		X	N	mgmt	✓	O med	C. Kelly, COI
	EVE	Y	Y	N	mgmt	N	O med	S. Williams, COI
TUE	MORN	Y		N	Alben	N	O med/s	M. Fitzpatrick, COI
	DAY		N	R	Wstar	N	O med	S. Williams, COI
	EVE	Y	N	N	Stobart	N	O med	T. Goff, COI
WED	MORN	Y		N	mgmt	N	Omeds	M. Fitzpatrick, COI
	DAY		N	N	mgmt	N	O med	J. Johnson, COI
	EVE	Y	Y	N	Stobart	N	O med/s	T. Goff, COI
THUR	MORN	Y		N	M. Jaba	✓	Omeds	M. Fitzpatrick, COI
	DAY		N	N	Km	✓	O med	J. Johnson, COI
	EVE	Y	Y	N	mgmt	✓	O med/s	C. Kelly, COI
FRI	MORN	N		N	J. Lander	N	O med/s	M. Fitzpatrick, COI
	DAY	Y		N	Dehm	N	O med	J. Johnson, COI
	EVE		Y	N	mgmt	N	O med	C. Kelly, COI
SAT	MORN	N		N	J. Lander	N	O med/s	J. Johnson, COI
	DAY	Y		N	Dehm	N	O med	J. Johnson, COI
	EVE		Y	R	mgmt	N	Rec. med	T. Goff, COI
SUN	MORN	Y		N	Dehm	N	O med/s	J. Johnson, COI
	DAY		Y	N	mgmt	N	O med	J. Johnson, COI
	EVE	Y	R	N	mgmt	N	O med/s	J. Johnson, COI

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.



## SPECIAL NEEDS COMMUNICATION FORM

Date: 1/25/05

To: Inmate

From: Bullock Correctional (BCC)

Inmate Name: Wright, Richard ID#: 187140

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

**Comments:**

Apply antifungal cream to affected areas(2) x 20 days: Expirer 2/15/05. Keep on person

Date: 1/25/05

MD Signature: Q Siddiq

Time: 0930

**PRISON HEALTH SERVICES  
SEGREGATION LOG**

Name: Wright, Richard AIS 187140 DOB  UNIT 4 YEAR 2004

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															

NURSES SIGN AND INITIAL

Kirk K  
Liz G  
Hilary C  
Eric S  
Lorraine A

KEY: M - MEDICAL  
D - DENTAL  
P - PSYCHIATRIC  
N/C - NO COMPLAINTS

Bullock Co. Corrections

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

INMATE NAME:

Richard Wright

AIS NO: B/187140

CELL: #

4157

VIOLATION#

31-ASSAULT ON ANOTHER INMATE

ADMITTANCE

OR REASON

AUTHORIZED BY:

H. Babers

DATE &amp; TIME

RECEIVED:

11/3/04 10:40 p.m.

DATE &amp; TIME

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
11/3	MORN	Y	N	NO	NO	Abnormal	NO	o med	J. Elliby, COI
	DAY	N	Y	NO	NO	Abnormal	N	o med	J. Elliby, COI
	EVE	Y	NO	NO	Abnormal	ND	ND	o med	J. Elliby, COI
MON	MORN	Y	Y	NO	NO	Abnormal	NO	o med	J. Elliby, COI
11/4	DAY	Y	Y	NO	NO	Abnormal	NO	o med	J. Elliby, COI
	EVE	Y	Y	Y	Y	Abnormal	NO	o med	J. Elliby, COI
TUE	MORN	Y	Y	NO	NO	Abnormal	NO	o med	J. Elliby, COI
11/5	DAY	Y	Y	NO	NO	Abnormal	NO	o med	B. Holmes, COI
	EVE	Y	Y	Refused	Refused	Abnormal	NO	o med	G. Young, COI
WED	MORN	Y	N	Y	NO	Abnormal	NO	o med	J. Elliby, COI
11/6	DAY	Y	N	R	Refused	Abnormal	N	o med	J. Elliby, COI
	EVE	Y	Y	R	Refused	Abnormal	N	o med	J. Elliby, COI
THUR	MORN	Y	Y	N	N	Abnormal	NO	o med	J. Elliby, COI
11/7	DAY	Y	Y	N	N	Abnormal	N	o med	C. Young, COI
	EVE	Y	Y	N	N	Abnormal	N	o med	G. Young, COI
FRI	MORN	N	Y	N	N	Abnormal	N	o med	J. Elliby, COI
11/8	DAY	Y	N	N	N	Abnormal	N	o med	G. Young, COI
	EVE	Y	N	N	N	Abnormal	N	o med	J. Elliby, COI
SAT	MORN	N	Y	N	N	Abnormal	N	o med	J. Elliby, COI
11/9	DAY	Y	N	N	N	Abnormal	N	o med	E. Williams, COI
	EVE	Y	Y	N	N	Abnormal	N	o med	J. Elliby, COI
SUN									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Bullock Co. Corrections

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Richard WeightAIS NO: B187140 CELL: # 4VIOLATION # 3 ASSAULT ON ANOTHER INMATEADMITTANCE  
AUTHORIZED BY: Lt. BabersDATE & TIME  
RECEIVED: 11/3/04 10:40 p.m.DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/20	MORN	Y	N	N	Y	Y	Refused	NO	Refused Med	<u>Julia E. Ellerby</u>
	DAY	N	N	R	N	R	Refused	NO	Refuse	<u>L. Jackson</u>
	EVE	R	N	N	N	N	Refused	N	Refused Med	<u>Richard C. OI</u>
	MON									
12/21	MORN	R	N	N	N	N	Refused	N	Refused Med	<u>R. Holmes, COI</u>
	DAY	N	N	Refused	C	N	Refused	N	Refused Med	<u>G. Smart, COI</u>
	EVE	N	Y	N	C	N	Refused	N	Refused Med	<u>G. Young, COI</u>
	TUE									
12/22	MORN	R	N	Y	Y	Y	Refused	NO	Refused	<u>Julia E. Ellerby</u>
	DAY	N	N	Refused	(W) D	N	Refused	NO	Refused	<u>L. Jackson, COI</u>
	EVE	Y	N	N	R	N	Refused	N	Refused	<u>B. Brown, COI</u>
	WED									
12/23	MORN	Y	N	N	Y	Y	Refused	N	Refused	<u>G. Young, COI</u>
	DAY	N	N	N	R	N	Refused	N	Refused	<u>G. Young, COI</u>
	EVE	Y	Y	N	D	N	Refused	N	Refused	<u>G. Young, COI</u>
	THUR									
12/24	MORN	N	Y	NO	Y	Y	Refused	NO	Refused	<u>Julia E. Ellerby</u>
	DAY	Y	N	Cancelled	X	N	Refused	N	Refused	<u>S. Smart, COI</u>
	EVE	Y	Y	N	Y	N	Refused	N	Refused	<u>B. Brown, COI</u>
	FRI									
12/25	MORN	N	N	N	Y	Y	Refused	N	Refused	<u>G. Young, COI</u>
	DAY	Y	N	N	D	N	Refused	N	Refused	<u>M. Morris, COI</u>
	EVE	Y	Y	N	R	N	Refused	N	Refused	<u>M. Morris, COI</u>
	SAT									
12/26	MORN	N	N	N	R	Y	Refused	N	Refused Med	<u>G. Young, COI</u>
	DAY	Y	N	N	R	N	Refused	N	Refused	<u>G. Young, COI</u>
	EVE	Y	Y	N	R	N	Refused	N	Refused	<u>G. Young, COI</u>
	SUN									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright  
 VIOLATION<sup>31</sup> OR REASON: Assault On Another Inmate  
 DATE & TIME RECEIVED: 11/3/04 10:40 P.M.  
 PERTINENT INFORMATION:

AIS NO: B1187140 CELL: # H

ADMITTANCE AUTHORIZED BY: Lt. Babers

DATE & TIME RELEASED:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
12/27	MORN	Y		N	R	Refused	N	DO med	H. Johnson, COI
	DAY	N	N	N		Refused	N	Refused med	J. McMillan, COI
	EVE		N	N		Refused	N	Refused med	T. Babb, COI
	MON								
12/28	MORN		Y	NO	NO	Refused	NO	DO med	Julie Elliby, COI
	DAY	Y	N	N	N	Refused	N	DO med	D. Hall, COI
	EVE		Y	Y	N	Koger	N	Refused med	Thomas COI
	TUE								
12/29	MORN	Y	N	N	N	Refused	N	DO med	C. Young, COI
	DAY		Y	N	N	Refused	N	DO med	J. McMillan, COI
	EVE		Y	N	N	Dith	N	Refused med	T. Babb, COI
	WED								
12/30	MORN	Y		N	N	Refused	N	DO med	Jeff. G. Patrick COI
	DAY		Y	NO	N	Refused	N	DO med	J. McMillan, COI
	EVE		Y	N	N	Refused	N	DO med	Thomas COI
	THUR								
12/31	MORN	N		Y	N	Refused	N	DO med	Jeff. G. Patrick COI
	DAY	Y	Y	N	N	Refused	N	DO med	D. Hall, COI
	EVE	Y	N	N	N	Refused	N	DO med	Thomas COI
	FRI								
1/1	MORN		Y	N	N	Refused	N	DO med	C. Young, COI
	DAY	Y		N	N	Refused	N	DO med	J. McMillan, COI
	EVE	Y	Y	N	N	Refused	N	DO med	T. Babb, COI
	SAT								
1/2	MORN	N		N	N	Refused	N	DO med	C. Young, COI
	DAY	Y		N	N	Refused	N	DO med	J. McMillan, COI
	EVE	Y	Y	R	N	Refused	N	DO med	T. Babb, COI
	SUN								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.  
 Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
 and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright  
 VIOLATION # 31 - ASSAULT ON ANOTHER INMATE  
 OR REASON:  
 DATE & TIME RECEIVED: 11/3/04 10:40 PM.

AIS NO: 8/187140 CELL: # 4  
 ADMITTANCE  
 AUTHORIZED BY: H. Sanders  
 DATE & TIME RELEASED:

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/3	MORN	Y	N	NO	NO	NO	NO	NO	Refused	J. Ellby
	DAY	Y	N	NO	R	NO	NO	NO	Refused	J. Ellby
	EVE	Y	NO	NO	NO	NO	NO	NO	Refused	J. Ellby
MON										
12/14	MORN	Y	NO	NO	NO	NO	NO	NO	Refused	J. Ellby
	DAY	Y	N	R	NO	NO	NO	NO	Refused	J. Ellby
	EVE	Y	Y	N	NO	NO	NO	NO	Refused	J. Ellby
TUE										
12/15	MORN	Y	NO	NO	NO	NO	NO	NO	Refused	J. Ellby
	DAY	Y	N	N	N	NO	NO	NO	Refused	J. Ellby
	EVE	Y	N	N	NO	NO	NO	NO	Refused	J. Ellby
WED										
12/16	MORN	Y	N	N	NO	NO	NO	NO	Refused	J. Ellby
	DAY	Y	N	N	NO	NO	NO	NO	Refused	J. Ellby
	EVE	Y	Y	N	NO	NO	NO	NO	Refused	J. Ellby
THUR										
12/17	MORN	Y	NO	NO	NO	NO	NO	NO	Refused	J. Ellby
	DAY	Y	N	R	NO	NO	NO	NO	Refused	J. Ellby
	EVE	Y	N	N	NO	NO	NO	NO	Refused	J. Ellby
FRI										
12/18	MORN	N	N	N	N	S. Johnson	N	N	Refused	E. Williams, COT
	DAY	Y	N	R	N	Refused	N	N	Refused	E. Williams, COT
	EVE	Y	R	Y	ND	Refused	N	N	Refused	E. Williams, COT
SAT										
12/19	MORN	N	N	N	N	C. Johnson	N	N	Refused	H. Johnson, COT
	DAY	Y	N	Y	N	Refused	N	N	Refused	S. Smart, COT
	EVE	N	N	Y	N	Refused	N	N	Refused	S. Smart, COT
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

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OIC Signature: OIC must sign all record sheets each shift.

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright AIS NO: B 187140 CELL: # 4  
 VIOLATION#3 OR REASON: Assault On Another Inmate  
 DATE & TIME RECEIVED: 11/3/04 10:40 PM DATE & TIME RELEASED:  
 PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/6	MORN	Y			N	N	None	N	Med given	J. Johnson, COI
	DAY		N		N	ND	Visitors	N	None	W. Morris COI
	EVE		Y	ND	ND	ND	None	ND	None	D. Clark, COI
MON										
12/7	MORN	Y			N	N	None	N	Med	M. T. Patrick COI
	DAY		N		N	R	Visitors	N	Med	C. McCall COI
	EVE		Y	V	N	ND	None	N	Med	S. Bishop COI
TUE										
12/8	MORN	Y			Y	NO	None	NO	Med	J. Ellis COI
	DAY		N		N	Refused	N	NO	Med	K. Johnson COI
	EVE		Y	N	N	ND	None	N	Med	B. Simmons COI
WED										
12/9	MORN	Y			Y	NO	None	NO	Med	J. Ellis COI
	DAY		N		N	Refused	N	NO	Med	K. Johnson COI
	EVE		Y	N	N	ND	None	N	Med	S. Morris COI
THUR										
12/10	MORN	Y			Y	NO	None	NO	Med	J. Ellis COI
	DAY		N		N	R	None	N	Med	C. McCall COI
	EVE		Y	N	N	ND	None	N	Med	D. Clark COI
FRI										
12/11	MORN	N			N	N	None	N	Med	S. Young COI
	DAY	Y	N	N	N	R	Visitors	N	Med	C. McCall COI
	EVE	Y	Y	N	N	ND	Visitors	N	Med	T. Thompson COI
SAT										
12/12	MORN	N			N	N	None	N	Med	C. Young COI
	DAY	Y	N	N	N	R	None	N	Med	S. Smart COI
	EVE	Y	R	N	N	ND	None	N	Med	T. Thompson COI
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

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Bullock Co. Corrections

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard WrightAIS NO: 8/187140 CELL: #4VIOLATION# 31 ASSAULT ON ANOTHER INMATEADMITTANCE  
AUTHORIZED BY: H. Gwendolyn BabersDATE & TIME  
RECEIVED: 11/3/04 10:40 AMDATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE	
		B	D	S							
11/29	MORN	Y	NO	NO	N	9:45-8:30	Lindsey	NO	O med	Julia Elliby H. Gwendolyn Babers	
	DAY	N	NO	NO					S med		
	EVE	Y	N	N					O med		
11/30	MORN	Y	Y	N	N	120-1240/1	Refused	NO	O med	Julia Elliby H. Gwendolyn Babers	
	DAY	N	Y	N					S med		
	EVE	Y	Y	ND					O med		
12/1	MORN	X	NO	NO	N	Refused	NO	NO	O med	Julia Elliby S. Smart, COI	
	DAY	N	N	N					S med		
	EVE	Y	N	N					O med		
12/2	MORN	Y	NO	NO	N	Refused	NO	NO	O med	Julia Elliby H. Gwendolyn Babers	
	DAY	N	Y	Y					S med		
	EVE	Y	Y	Y					O med		
12/3	MORN	Y	NO	NO	N	Refused	NO	NO	O med	Julia Elliby H. Gwendolyn Babers	
	DAY	N	Y	Y					S med		
	EVE	Y	Y	N					O med		
12/4	MORN	N	N	N	N	Refused	NO	NO	O med	D. Johnson, COI	
	DAY	Y	N	N					S med		
	EVE	Y	Y	N					O med		
SAT		Y	Y	N							
12/5	MORN	N	N	N	N	Refused	NO	NO	O med	C. Young, COI	
	DAY	Y	NO	Refused					S med		
	EVE	Y	R	N					O med		
SUN											

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

**ALABAMA DEPARTMENT OF CORRECTIONS**  
**MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT**

Institution:	<i>Drapet Kiby</i>		<input type="checkbox"/> RTU	<input checked="" type="checkbox"/> SU	Date/Time of Admission	
Inmate Name:	<i>Wright, Richard</i>		AIS#:	<i>187140</i>	DOB: <i>8-15-67</i>	
BP	100/ <i>76</i>	P <i>b2</i>	R <i>18</i>	HT <i>5'11 1/2</i>	WT <i>175</i>	Allergies: <i>NKA</i>

**Vital Signs**

<b>Past Medical History</b>					
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cancer	<input type="checkbox"/> TB
<input type="checkbox"/> Seizures	<input type="checkbox"/> Peptic Ulcer	<input type="checkbox"/> Back Problems	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Stroke	
<input type="checkbox"/> COPD	<input type="checkbox"/> Congenital D/O	<input type="checkbox"/> Peripheral Vascular Disease	<input type="checkbox"/> Other		
<b>Assistive Devices</b>					
<input type="checkbox"/> Walker	<input type="checkbox"/> Crutches	<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Artificial Limb(s)	
<input checked="" type="checkbox"/> Glasses	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Partial Dentures	<input type="checkbox"/> Upper Dentures	<input type="checkbox"/> Lower Dentures	
<input type="checkbox"/> Other:					

Major Illnesses / Accidents / Surgeries / etc.

*None*

Current Medical Problems:

Current Medications / Dosages:

*No*

Medication Compliance:  100%       50% to 90%       10% to 40%       0%

Sleep Pattern:  Insomnia     Difficulty Falling Asleep     Difficulty Waking Up     Other:

Tobacco/Amount: *No*      Caffeine/Amount: \_\_\_\_\_

Hygiene:  Good     Fair     Poor      Showers \_\_\_\_\_ times a week

Appetite:  Good     Fair     Poor     Appears Adequately Nourished     Deficit

History of Failure to Eat / Hunger Strikes:  No     Yes    Last Episode (explain) \_\_\_\_\_

**PSYCHIATRIC HISTORY**

Symptoms of First Psychiatric Event / Age of Onset:

*No*

Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:

*Sent here for evaluation at NonCompliant to Meds.*

Side-Effects Experienced / Causative Medications:

*No*

History of Aggression / Acting Out Behavior:  Yes     No

Last Episode (explain):

**ALABAMA DEPARTMENT OF CORRECTIONS**  
**MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT**

**Educational Assessment**

Highest Grade Completed: 12

- Able to Read    Able to Write    Able to Communicate    Able to Understand Current Diagnosis  
 Unable to Read    Unable to Write    Unable to Communicate    Unable to Understand Current Diagnosis

**Mental Status**

- Age: 33    Appears Stated Age    Appears Younger    Appears Older  
 Dress/Grooming:    Appropriate    Marginal    Disheveled    Bizarre  
 Posture:    Unremarkable    Rigid    Stooped  
 Facial:    Unremarkable    Hostile    Worried    Tearful    Sad  
 Eyes:    Unremarkable    Glances Furtively    Stares    Poor Eye Contact  
 Motor Activity:    Increased    Decreased    Gait Unsteady    Gait Rigid    Gait Slow  
      Agitation    Tremors    Tics  
 General Attitude/Behavior:    Spontaneous    Preoccupied    Suspicious    Argumentative  
      Self-Destructive    Withdrawn    Regressed    Seductive    Hostile  
 Mood / Affect:    Flat    Depressed    Euphoric    Apathetic    Fearful    Labile  
      Blunt    Inappropriate    Constricted

- Speech / Communication:    Normal    Aphasia    Slurred    Rapid    Mute  
 Flight of Ideas    Confabulation    Muttering    Tangential    Loose Associations    Over Productive  
 Thought Content:    Suicidal Thoughts/Plans    Homicidal Thoughts/Plan    Antisocial Attitudes  
 Phobias    Indecisiveness    Self-Derogatory    Excessive Religion    Bizarre    Self-Pity  
 Assaultive Ideas    Hypochondriasis    Alienation    Obsessive    Blames Others    Suspiciousness  
 Helplessness    Inadequacy    Poverty of Content    Ideas of Guilt    No Deficit Identified

Abstract Thinking:    Unimpaired    Concrete

Delusions:    None    Persecution    Systematized    Somatic    Other

Hallucinations:    None    Auditory    Visual    Olfactory    Tactile

Memory:    Grossly Intact    Inability to Concentrate    Poor Recent Memory    Poor Remote Memory

Insight / Judgment:    Unimpaired    Poor Judgment    Poor Insight

Does not know reason for transfer to RTU/SU    Unmotivated for Treatment

Assessment Completed by: W. Johnson Jr.

Date: 6-6-01

ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

Inmate Name

Wright, Richard

AIS #

187140



## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
1/21/05 / 9:11 a.m.	Wright, Richard # 187140	8/15/67
	wt. 181 lbs B/p 112/80 T 98.6 P 58 R 20	
	C/O blurry vision, headaches and feet pain 37 Bm for C/10 is above state Blurred vision from Hx of head trauma in Bullock C eyes Blurred in am & clearing during day A1S: C/1 B/L feet pain while a foot in K-telon work MM vsd ANX/3 Ambulation is difficult	
1/21/05 8:00 AM	MEENT OD Extropic os wnl	Glasses on order
	CON RER	Last Eye exam
1/21/05 11:12 AM	Lung cpx	OD 20/70
1/21/05 1:11 PM	Ext O/Ecc foot & fallen arches 2/150	
1/21/05 2:37 PM	hard callus to front Bottom-foot XRAY placed	
1/21/05 3:15 PM	OSoes noted Osgood-Schl 2/05 WNL	
	Tenn. Shoes in bad shape & bottom soles	
	Coming apart on # of Shoes	
A	Hx Head trauma	
	HT - tension B/L foot pain	
P	ok for Master Lock X 1 yr	
I/E	1 PR Arch support X 6 months.	
	Motion 200 mg TI p/B 10X So days Pnw	
	Safety ROC PRN Play Car	
	8/15/05 Chart reviewed his condition do not need long term Nsaid to 1/2	

Date/Time

Inmate's Name:

7-1-05/0910 Wt 170.5 B/P 120/78 P 65 R 20 T 98.8 - 1% "breaks out from TB skin test to (R) arm, chest, legs, head" - 1% bumps to head — Chintes, LPN

O) itchy all over  
after ppd skin test

no skin rash visible

(A) Allergy

b

P) Benadryl

(E) Reg. Exercise

b

7-14-05/0820 Wt 178 B/P 118/78 P 67 R 18 T 98.8 - 1% feet pain, request shoe insoles, request key lock OT blurry vision, request diet to ↑ weight, 1% HA — Chintes, LPN

O) Normal — feet

Eye glasses — pending

CW 178 —

P/S normal —

1ungs CTA

EV-NSR

(A) motion problems —

Abd — soft nt

LABs. Reviewed

P) Pending Eye glasses

(E) Reg. Exercise

b

b

Date/Time

Inmate's Name: Wright, Richard 181740

6/7/05

wt. 170# B/P 130/78, P 65 R 18 T 98.8  
c/o HA, acne, joint pain

o)

Asking for Eye glasses -

Quitting - Early

m/s. no motor or sensory deficit

Tremors -

mild facial acne.

(A)

Malingering

? HA - Myopic -

p)

Benzyl -

Tylenol -

(C)

Back and knee Exercises

were talked to - about glasses

8

6/21/05 1052 WT 166 1/4 lbs PTT 97% P 97% R-20 T 97.8 BP 110/82  
Headache / glasses

o)

PERLA / EOM.

(A)

vision problems

(P)

Ordered to see Opt - on 5/5/05

(S)

Reg. Exer

JR